PLEASANTON READS
Tutor Registration Form

THE CITY OF
PLEASANTON
PO Box 520, Pleasanton, CA 94566-0802

APPLICANT INFORMATION

Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Work Phone		
Cell Phone	**E-mail Address**		

Have you ever been convicted of a felony?	NO ☐ YES ☐ If yes, explain:

Position Applying for: One-on-one Tutor   Small Group Tutor   Conversation Class Leader

(Small Group Tutors work with 2-5 students in an informal class; Conversation Leaders guide our drop-in English chat groups)

Are you available Mornings?   Afternoons?   Evenings?   Particular Days of the Week?

Can you tutor once a week?   Twice a week?   Can you tutor two students?

Date when you can start tutoring:

EDUCATION

High School YES ☐ NO ☐	College YES ☐ NO ☐
Previous Tutoring or ESL experience?	YES ☐ NO ☐ If yes, please explain

What attracts you to tutoring?

DEMOGRAPHIC INFO (REQUIRED BY CA STATE LITERACY GRANT)

Ethnicity	Asian _____	African-American_____	Latino_____	Native American_____

Pacific Islander_____	White _____	Other_____

Age Group   18-19 ___ 20 – 29 ____ 30 – 39____ 40 – 49_____   50 – 59 ____ 60 – 69 ____ 70 + ____

Gender   Male _____   Female _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my being placed with a student, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date

Student 1	Student 2
Date	Date